

MEDICAL SERVICE AND SUPPLY REQUEST		<input type="checkbox"/>	MLC	1. DATE OF REQUEST	2. REQUEST NUMBER
		<input type="checkbox"/>	MC		
		<input type="checkbox"/>	IHA		
3. TO: (NAME OF DFAB/DFAO)			4. FROM: (NAME OF ORGANIZATION)		
5. NAME OF EMPLOYEE(S)	5a. JOB TITLE(S)	5b. PASS/EMPLOYEE NUMBER(S)	5c. WORK NUMBER(S)		
6. TYPE(S) OF MEDICAL SERVICES OR SUPPLIES REQUIRED (SPECIFY)					
7. REMARKS					
8. REQUESTED BY (TYPED NAME & GRADE)		9. SIGNATURE		10. PHONE NUMBER	
11. COR OR PERSONNEL OFFICER (TYPED NAME & GRADE)		12. SIGNATURE		13. DATE	
INDORSEMENT BY DFAB/DFAO					
14. REQUESTED MEDICAL SERVICES OR SUPPLIES FURNISHED BY (TYPED NAME OF CHIEF DFAB/DFAO)		15. SIGNATURE		16. DATE	

**INSTRUCTIONS FOR PREPARATION OF
MEDICAL SERVICE AND SUPPLY REQUEST**

1. References:

- a. Chapter 15, MLC
- b. Inclosure 16, MLC Standing Instruction to COR
- c. Chapters I and VI, MC
- d. Supplement #7, IHA
- e. Supplement #7, Procedures to IHA

2. General:

This form will be prepared by the using organization and forwarded in original and three copies to the DFAB/DFAO through the COR or Personnel Officer. The DFAB/DFAO, upon completion of action requested, will return a duplicate copy to the COR or Personnel Officer.

3. Entries in blocks (self-explanatory blocks omitted):

- a. Enter check mark in one of the blocks for MLC, MC, or IHA of Medical Service Supply Request to identify the type of employment.
- b. Block 2: Enter abbreviation of organization and number in consecutive sequence (i.e., USARJ-1).
- c. Block 5: Enter full names, showing family name first, of all employees covered by one request.
- d. Block 5a: Enter job title(s) and job number(s) from Appendix I, MLC and IHA.
- e. Block 5c: Enter appropriate work number only for employees assigned to the type of work as defined in Annex Table 1 to Regulation for Prevention of Particular Chemical Substances Hazards (Labor Ministry Ord #39 of 1972). (Excerpt)
- f. Block 6: Specify type(s) of medical services or supplies required. See references of paragraph 1 above.
- g. In requesting medical supplies, leave blocks 5, 5a, 5b, and 5c blank.

4. If space on the form is insufficient to include all of the required information, attach separate sheets thereto and insert a notation in the proper block(s) indicating the inclosure.